

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | Ar       | 67814  | 4/25/00 |
| O.I.P.E. CLASSIFIER       |          | 49     | 4/29/00 |
| FORMALITY REVIEW          |          | 64417  | 6-22-00 |
| RESPONSE FORMALITY REVIEW |          | 64417  | 8-29-00 |

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 3        | 4/25/00 |
| 4        | 4/29/00 |
| 5        | 6-22-00 |
| 6        | 8-29-00 |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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